

GREAT APE CONSERVATION FUND

Project Title:

Amount Requested from FWS:

Total Project Matching Funds:

Organization:

DUNS Number:**Tax ID Number:**

Funds should be made payable to:

Project Manager:	Grant Administrator:

Alternate Contact Person:	
Name:	E-mail:
Organization:	Telephone:

Partner organizations contributing cash or in-kind support to this project:

Organization

Contribution Amount (USD)

The U.S. Fish and Wildlife Service is interested in engaging partners for international wildlife conservation. To achieve this goal we may share your proposal with potential partners for implementing and coordinating purposes. If you prefer that your proposal not be shared, please check this box

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE _____

NAME OF AUTHORIZED REPRESENTATIVE:

TITLE:

Grant Application Cover Page Instructions
(Do not include this instruction page with your application)

PROVIDE COMPLETE INFORMATION FOR ALL APPLICABLE ITEMS DON'T FORGET TO SIGN THE COVER PAGE!	
Project Title:	Self-explanatory
Amount Requested from FWS:	State amount requested in U.S. Dollars
Total Project Matching Funds:	State total matching funds, including applicant and counterpart cash and in-kind contributions, in U.S. Dollars.
Organization:	Self-explanatory
DUNS #:	<p>New U.S. Government-wide policy requires that all prospective financial assistance applicants apply for, and include a Dun & Bradstreet Data Universal Numbering System (DUNS) number on applications for Federal grants and cooperative agreements. <u>This policy applies to both U.S. and non- U.S. applicants.</u> Applicants without a DUNS number should go to https://eupdate.dnb.com/requestoptions/government/ccrreg/.</p> <p>Requesting a DUNS number takes about 10 minutes and is free of charge.</p> <p>An application will not be considered complete until the applicant provides a valid DUNS number.</p>
TIN #:	Tax Identification Number, for U.S.-based organizations only
Funds should be made payable to:	Provide the name of designated payee organization or individual to receive payment from the U.S. Treasury in the event of an approved grant.
Project Manager: The Project Manager is the primary person responsible for overseeing the project activities, and can be contacted for technical, biological, or other questions related to the proposal.	<p>For Project Manager provide:</p> <ul style="list-style-type: none"> •Name •Title •Organization •Mailing Address- This address must accept delivery of express/courier mail (DHL/FedEx/Airborne Express). Please provide your appropriate street address. If your in-country courier service <u>does</u> deliver to your P.O. Box, then you may provide it as your mailing address. •City/Province/State/Country and Postal Code •Telephone number (include country and city code, if applicable) •Fax number •E-mail address
Alternate Contact Person: The Alternate Contact Person should be available in the absence of the Project Manager and should be familiar with the project activities.	<p>For Alternate Contact Person provide:</p> <ul style="list-style-type: none"> •Name •Organization •Telephone number (include country and city code, if applicable) •E-mail address
Grant Administrator: In the event an award is granted, the Project Administrator is the person who will receive all grant-related documentation from FWS.	<p><u>If the Grant Administrator will be someone other than Project Manager</u> then provide his/her:</p> <ul style="list-style-type: none"> •Name •Title •Organization •Mailing Address- This address must accept delivery of express/courier mail •City/Province/State/Country and Postal Code •Telephone number (include country and city code, if applicable) •Fax number •E-mail address
Partner organizations:	List each partner organization name and amount of cash and/or in-kind support to be contributed to this project. Amounts should be listed in U.S. Dollars.
Signature of Authorized Representative:	Cover page must include an original signature of your organization's authorized representative. Below the signature and the date, type or clearly print his/her name and title.

NOTICE

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), please be advised that:

1. The gathering of information from potential grant recipients is authorized by P.L. 103-391, Great Ape Conservation Act of 2000.
2. The submission of requested information is required for all entities competing for financial assistance awards under the Great Ape Conservation Fund.
3. You are not required to respond to a collection of information unless it displays a currently valid OMB control number.
4. This information collection has been approved by OMB and assigned clearance number 1018-0123.
5. The requested information may be subject to disclosure under provisions of the Freedom of Information Act (5 U.S.C. 552).

The public reporting burden for the information collected on this form is 30 minutes. This burden estimate includes time for reviewing instructions, gathering data, and completing and reviewing form. The public reporting burden for completing a full proposal (see Great Ape Conservation Fund Request for Proposals text) is 11.5 hours, which amounts to a total estimated time of 12 hours to fully respond to this information collection.